

Case Number:	CM13-0048334		
Date Assigned:	04/25/2014	Date of Injury:	02/05/2004
Decision Date:	06/11/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 50 year old male injured worker with date of injury 2/5/04 with related low back pain that radiates into the bilateral legs. Per 3/24/14 progress report, he reported pain 9/10 without medications, with medications it would only go down to about a 7.5/10 or 8/10. He stated that he had a lot of spasm in the back and that Flexeril was not that helpful. Lyrica helped the pain in the legs about greater than 30%. He had joined a gym, but had been having difficulty exercising the last few months. He has been diagnosed with low back pain; status post fusion of L5-S1 (6/20/06); and depression secondary to chronic pain. MRI dated 7/20/12 showed solid fusion at L5-S1, posterior bulging disc at L1-L2, otherwise normal studies. He has been treated with physical therapy (unhelpful), surgery (unhelpful), chiropractic care, and medication management. The date of UR decision was 10/28/13.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRILOSEC 20 MG (#180): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). CPMTG guidelines further specify: "Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.); Patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 µg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44); Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary; Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI. If cardiovascular risk is greater than GI risk the suggestion is naproxyn plus low-dose aspirin plus a PPI. (Laine, 2006) (Scholmerich, 2006) (Nielsen, 2006) (Chan, 2004) (Gold, 2007) (Laine, 2007)" Progress report dated 3/24/14, which was not available to the UR physician, documents that the patient had some constipation and GI upset with his medications, but that Prilosec and Colace help with that. Based on the medical records there is efficacy in its use. Therefore, the request for Prilosec 20 mg, # 180, is medically necessary and appropriate.

DURAGESIC PATCHES 100 MCG (#20): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 78.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, regarding Duragesic, states, "Not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin." Per MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of Duragesic patches nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document functional status improvement or appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating

physician in the documentation available for review. The latest progress report dated 3/24/14 indicates that medication usage only brings the injured worker's pain level down 1-1.5 point from 9/10 to 7.5/10. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. MTUS recommends to discontinue opioids if there is no overall improvement in function. Therefore, the request for Duragesic Patches 100 mcg # 120 is not medically necessary and appropriate.

MS CONTIN 60 MG (#240): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveal insufficient documentation to support the medical necessity of MS Contin nor sufficient documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. The notes do not appropriately review and document functional status improvement or appropriate medication use. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. The latest progress report dated 3/24/14 indicates that medication usage only brings the injured worker's pain level down 1-1.5 point from 9/10 to 7.5/10. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. MTUS recommends to discontinue opioids if there is no overall improvement in function. Therefore, the request for MS Contin 60 mg # 240 is not medically necessary and appropriate.

FLEXERIL 10 MG (#270): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: With regard to muscle relaxants, the MTUS Chronic Pain Medical Treatment Guidelines states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Regarding Flexeril: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects." The documentation indicates that the injured worker has been using Flexeril since at least 4/2013, as it is only recommended for short term treatment of acute exacerbations. Therefore, the request for Flexeril 10 mg # 270 is not medically necessary and appropriate.